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ABSTRACT

Keeping children safe in foster care is a critical concern for foster parents and the professionals working with them. This document is comprised of a set of four pamphlets, addressed to foster families and those working with foster families, providing information on medication safety, making foster care placements successful, working with social service and legal professionals, and assessing child safety in foster homes. The first pamphlet, "Medication Safety in Your Foster Home," is presented in a question-answer format and deals with safely storing and administering prescription and nonprescription medication. The second pamphlet, "Making Your Foster Care Placement Successful," presents tips for matching children and foster care families, preparing the child and the foster family for placement, identifying adequate post-placement support and services, preventing or reducing family strain, and using all available resources. The third pamphlet, "Working with Social Service and Legal Professionals," discusses the role of various professionals in the juvenile justice, court, mental health, and child welfare systems and presents tips for working with each of these professionals. The fourth pamphlet, "Assessing Child Safety in Foster Homes," outlines a method of assessing youth safety in four areas: (1) child; (2) affect; (3) relationships; and (4) environment. (KB)

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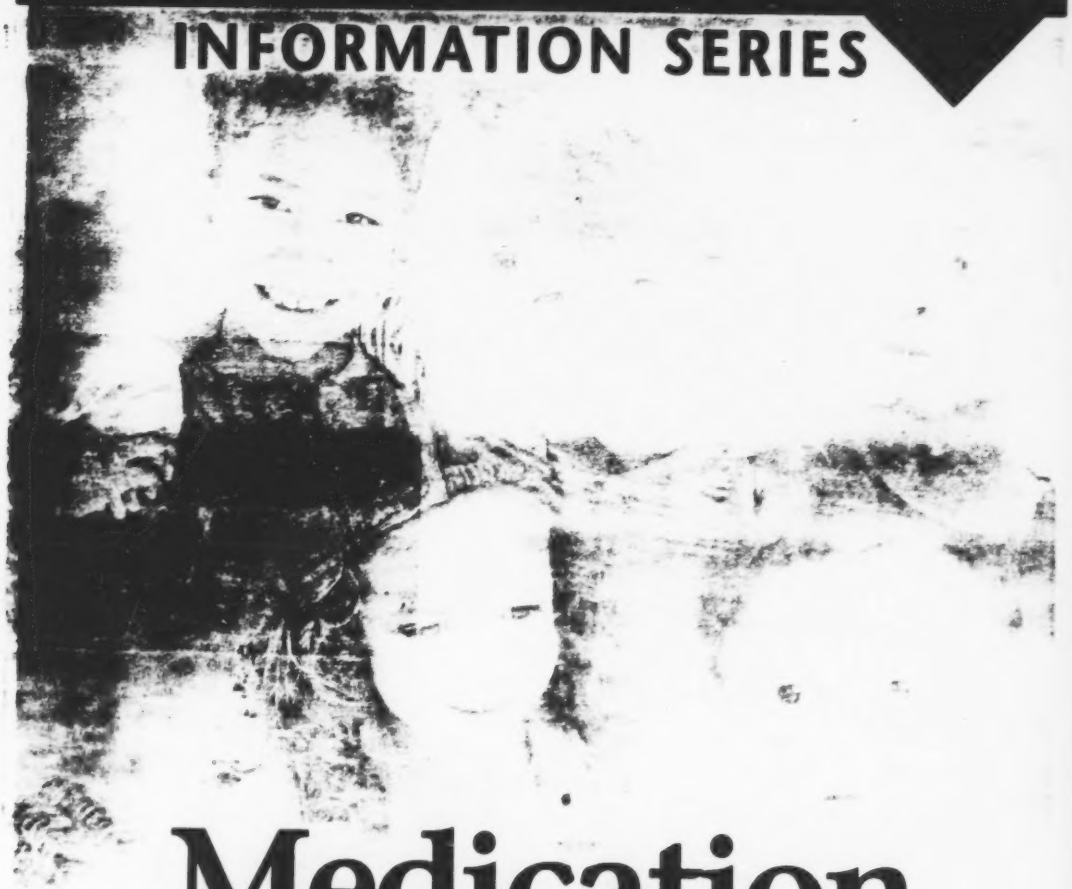

# Medication Safety

## *in Your Foster Home*

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# 1 Medication Safety in Your Foster Home

Medication safety is an important concern for foster homes! Every medicine cabinet holds aspirin, cough syrup, antacids, and more. Medications are so common that we often forget about their dangers.

Regardless of whether or not your foster child is taking prescription, psychotropic, or over-the-counter medications, this pamphlet is for you! The guidelines listed here will help you provide a safe environment for all of the children in your home.

## What do I need to know about my foster child's medications?

It's important to know as much as you can about any medication that your child is taking.

You should ask your child's doctor questions about the proper use of the medication. The best questions to ask are:

- What is the proper dose and how often should it be taken?
- Should the medication be taken with meals or on an empty stomach?
- What time(s) of day should the medication be given?
- What should I do if a medication is not taken on time?
- How late is too late to give a missed dose?
- What happens if a dose is missed?
- Are follow-up visits required for this medication?
- What possible side effects should I look for?
- Are there any allergic reaction warning signs?
- Is there a "Drug Information Sheet" I can have?

## I've never had to lock up medications before. Why should I do it now?

Keeping all medications locked up and away from children is critical in preventing death or serious injury.

In 1998, the American Association of Poison Control Centers reported that 91,621 children were harmed and 31 died as a result of medication overdoses.

Medications should be locked up and kept out of the reach of children and given only under adult supervision. These two rules will create a safe home for all of the children in your care.

## Do I have to make sure my foster child took the medication?

Yes, children have been known to hide, give away, or even sell their medications.

To make sure your child takes his or her medication, follow these easy steps:

1. Give the child a glass of water to take with the medication.
2. Watch the child take the medication and drink the water.
3. Have the child open his or her mouth and lift his or her tongue to make sure the medication was swallowed.
4. Talk with the child for a few minutes to make sure the medication was swallowed.

## Should I keep a log of the medications my foster child is taking?

Yes, it is necessary to document all medications your child is taking. At a minimum, log the date, the name of the medication, and the amount given.

In the event that your foster child gets sick, a doctor will need to know what medications your child has taken, at what times, and how often.

Written records will ensure that you can provide the most accurate and up-to-date information. Ultimately, this helps the child receive the best care possible.

## I ran out of my foster child's prescription. Is it okay if I use medication from another child's bottle until I can get a refill?

No! It is illegal to give one person's prescription medications to another person, even if the prescriptions are the same. In addition, substituting medications may cause your child to have a bad reaction and become very ill. If a prescription runs out, get a refill from a 24-hour pharmacy. If it's not possible to get a refill, contact the child's doctor immediately for further instructions.

## Is there a problem with giving my foster child more than one medication?

Yes. Certain combinations of medications can be fatal when

given together. Over-the-counter medications can be harmful if mixed with certain psychotropic drugs. Even over-the-counter remedies like pain relievers, cough syrup, and antacids can be harmful when mixed together.

Foster parents should always consult a doctor before giving a child more than one medication. Be sure to tell the doctor what other medications the child is taking and whether the child is allergic to any medication.

## How often should I follow up with my foster child's doctor?

Ask the doctor when the child needs to return for a check-up. Some medications need to be monitored closely through regular blood tests. These appointments are important to the youth's safety and health because the doctor may need to adjust the dose or change the medication. You also should contact the doctor immediately to report any side effects or allergic reactions.

**Remember:**

1. Know as much as you can about your foster child's medications.
2. Lock up all medications.
3. Always supervise your foster child while he or she is taking the medication.
4. Keep a written log of the medications your foster child takes.
5. Never substitute medications without doctor approval.
6. Consult your foster child's doctor before giving more than one medication.
7. Follow up with your foster child's doctor as directed.
8. Always check with your licensing and other regulating agencies for additional guidelines.

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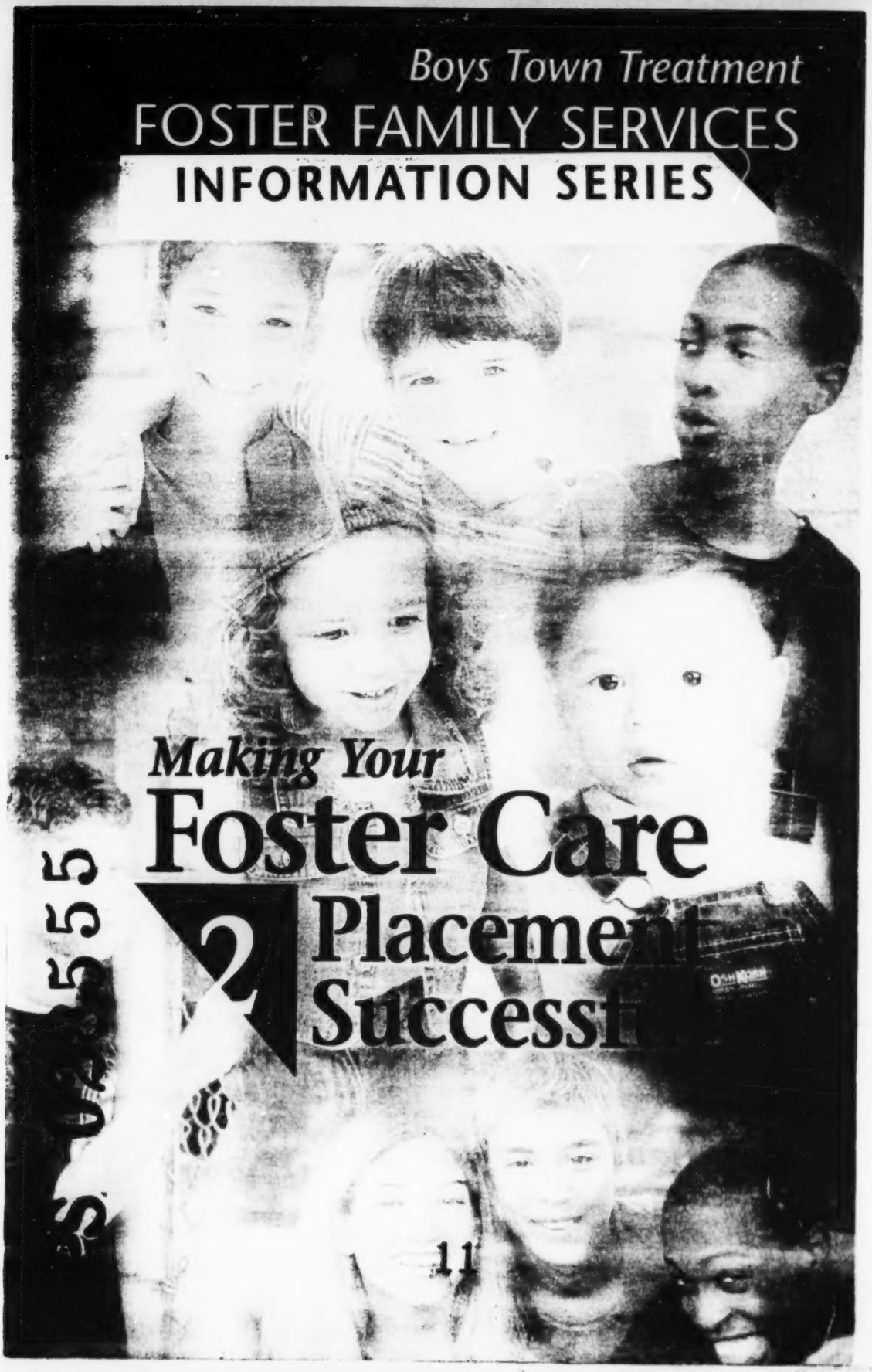


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# 2 Making Your Foster Care Placement Successful

Frequently moving from one placement to another can be a traumatic event for foster children. Preventing these disruptions, which usually occur at the request of the foster care family or the placement agency, has been a goal of child welfare programs for many years. Boys Town has valuable information that can empower you as foster parents to be more involved in crucial decisions and help make the placement of a child in your home a positive and lasting experience.

Research has shown that disruption occurs for one or more of these reasons[1]:

- A mismatch between the child and the foster family or adoptive family
- Inadequate preparation of the child or family
- Inadequate postplacement supports and services
- Family strain
- Inability to use resources or a lack of resources

Foster families and agencies can work together to address these issues prior to placement by following these steps:

## Matching Children and Foster Care Families

Children and youth who require foster care today present a wide range of emotional and behavioral challenges. Therefore, it is more important than ever for the foster family to be a part of the referral/matching process.

### 1. Educate yourself.

The first part of the process is learning about the child's needs before accepting the referral. Requesting a case file to review is the best way to understand the child's history and needs. If this is not possible, try to find answers to these questions:

- How many previous placements has the child had?
- What medications does the child take?
- What are the child's treatment issues?
- Why did the child enter foster care?
- Why did the child leave the last placement?
- What is the child's medical history and who are his or her medical providers (doctors, dentists, etc.)?
- Does the child have any special needs? What are they?
- What are the child's behavior problems?

- Is the child involved in therapy? What kind?
- Are there any other activities or duties involved in this child's placement?

### 2. Arrange for preplacement visits.

If the information you gather indicates that a placement would be appropriate for your home, you may want to request some supervised visits before accepting the child.

These visits should be brief and can include meeting the child for a meal or a soda. While the foster child will probably be on his or her best behavior, this is an opportunity for you to briefly assess the child's personality and determine how he or she would adapt to your current family structure.

### 3. Attend placement meetings.

Placement meetings are another excellent way to prevent miscommunication and appropriately match children and families. These meetings allow everyone involved in the child's care to gather and discuss the child's needs and placement requirements.

Placement meetings should include these people:

- Prospective foster parents
- The child's parents
- The child's caseworker
- Therapists
- Other professionals involved in the child's care

The following topics should be discussed and agreed upon to prevent future complications:

- A permanency plan
- Length of placement
- Additional services the child may need
- Visitation schedule (frequency, location, supervised or unsupervised, transportation, and length of visit)
- Phone call schedule
- The child's medical history and medical care providers
- Educational or vocational services

## Preparing the Child and the Foster Family for Placement

There are a number of ways to prepare for the placement of a child in your home. Proper preparation can prevent problems and make the child's transition to and stay in your home smoother.

### 1. Get as much training as possible.

Through training, you as foster parents can:

- Learn and gain a better understanding of how children come into the system and what their issues are.
- Improve your ability to help these children become successful members of a new family and eventually return to a permanent placement.

### 2. Identify appropriate discipline techniques and consequences.

These are necessary for managing behavioral problems and teaching the child how to live in a healthy family environment.

- Determine what kinds of consequences you can use to motivate or correct the child.
- Learn and practice various teaching methods that can be used to praise the child, teach skills that he or she will need in future situations, correct misbehavior, and defuse situations where the child loses self-control.

### 3. Know your state's licensing regulations and stay in compliance.

Knowing and following the rules and laws that govern the placement and care of children help ensure a safe environment for youth and proper documentation and record-keeping. It also gives your home credibility as an effective place of treatment for young people.

### 4. Set clear expectations.

When a child enters your home, be sure to set clear house rules and explain

predictable family events to the child to reduce fear and prevent confusion and misunderstandings.

A child may come into your home with a history of sexual abuse. Clear house rules can help protect your family and the foster child by decreasing the likelihood of inappropriate behaviors.

We recommend that foster parents set simple house rules on the following issues and review them with a child before he or she moves into a new foster home:

- Mealtimes
- Bedroom and bathroom privacy
- Appropriate affection and boundaries
- Clothing
- Touching
- Appropriate playtime activities
- Daily routines
- Keeping secrets

By reviewing rules with a new foster child and having your own children respect the same rules, you can prevent many placement problems by keeping kids safe.

## Identify Adequate Postplacement Support and Services

If a child has multiple needs, take whatever steps are necessary to receive additional services. This can be done most effectively prior to placement if you identify the needs in the referral information.

1. **Locate and join sanctioned foster parent support groups in your area.**
2. **Use respite services before they are needed. Respite time can be most effective when it is taken during "calm" periods (rather than just during crises).**
3. **Using support and other services is not a sign of failure; it is a professional, proactive move to preserve a placement.**

## Prevent or Reduce Family Strain

It is not realistic for foster parents to think that their family can handle every difficulty that comes up during a child's stay in their home. Foster children bring with them many emotional and behavioral problems, and this can put a strain on even the most experienced foster families.

At the first sign of difficulty, contact your caseworker to work out strategies for preventing further escalation of the problem. Many foster parents feel or become isolated because they hesitate to reach out to others and ask for help.

### 1. Set limits on the number and type of children your family can accept.

Consider these factors when setting such limits:

- Family visitation guidelines
- Siblings
- Foster child's permanency plan
- Expected length of placement
- Family issues that must be addressed before the child is returned
- Foster child's educational history and necessary services

## Use All Available Resources

Much can be learned from books, reports, studies, and research that examine placement disruption and its causes. Foster parents should make every effort to keep up with current foster care issues and identify resources where they can find this information. For example, research has identified the following stages of disruptions in adoption:

- ***Diminishing pleasure*** - Negatives of the placement begin to outweigh the positives.
- ***The child is the problem*** - A foster parent begins to take the child's behaviors personally.

- ***Going public*** - A foster parent begins to share information about the child's behaviors with friends or relatives.
- ***Turning point*** - A critical incident occurs that causes a foster parent to start thinking what the home would be like if the foster child was not there.
- ***The ultimatum*** - A foster parent says, "One more time and you're out."
- ***Decision to disrupt*** - A foster parent (or the child) decides that the child should move to another placement.

When foster parents are aware of this kind of information, they can identify and head off problems that can lead to removal of a child.

Placement disruptions can be prevented! As a foster parent, involvement in the placement process and ongoing efforts to improve your skills as a caregiver are essential for success.

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1 Festinger, T. (1986). Necessary risk: A study of adoptions and disrupted adoptive placements. Washington, DC: Child Welfare League of America.

Barth, R., & Berry, M. (1988). Adoption and disruption: Rates, risks and responses. Hawthorne, NY: Aldine DeGruyter.

Child Welfare League of America (1993). Preventing disruptions training, session eight, Washington, D.C.: CWLA Press.

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# *Working with* Social Service and Legal Professionals

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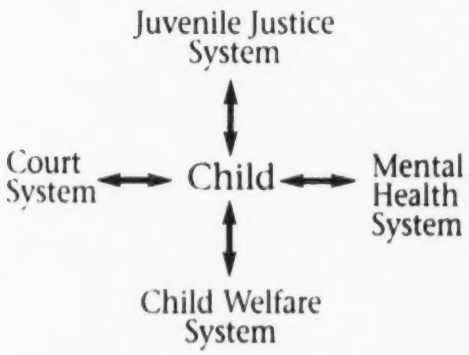
# 3 Working with Social Service and Legal Professionals

One of the keys to your success as a foster parent will be the relationships you develop with other social service and child-care professionals. This booklet will help you understand who these professionals are, what role they play in your foster child's care, and how you can best work with them.



# Child Welfare System

## Child Protective Services (CPS) Worker

- Investigates allegations of abuse and neglect.
- Places children in foster or adoptive homes.
- Contracts with other agencies to provide services to families.
- Provides services to families in their own homes.
- Conducts assessments and reports findings and recommendations to the court.

(Depending on your location, you may not have contact with a CPS worker during the child's placement. In some counties, however, the CPS worker and social worker/caseworker may be the same person.)

**Tips:** As a new foster parent, it may be helpful to ask the CPS worker about your role in the assessment of the child. The worker may contact you for information about the child's progress. Be sure to schedule phone calls or meetings before or after court dates to exchange information and answer questions.

## Caseworker

***(Sometimes called a case manager or social worker)***

- Represents the state's interest in the care of a child and his or her permanency plan.
- Creates case plans and finds placement for the youth if a state foster home is not available.
- Contacts the outside agency (such as the foster care agency you work for) that will best meet the needs of the child.

**Tips:** As a foster parent, you can communicate with the caseworker by leaving messages, returning phone calls, and submitting necessary documentation. Many foster parents find it helpful to schedule regular telephone calls to update the worker and have him or her talk with the foster child. You and the caseworker can exchange information

regarding the youth's progress toward treatment goals, parental visits, and other issues of concern.

### Case Manager
***(Sometimes called a consultant or in-home worker)***

- Works closely with foster parents as an employee of the placing agency.
- Helps foster parents address difficult behaviors by providing options or solutions.
- Advocates for foster parents by arranging respite, helping during crises, and problem-solving.
- Develops working treatment plans to help the child meet his or her goals.
- Relays foster parents' concerns and observations to other members of the team through progress notes, incident reports, and daily documentation.
- Visits the foster home on a regular basis to monitor the child's progress and implementation of the treatment plan, and to provide support as foster parents work with the child.

**Tips:** You may sometimes be uncomfortable with the youth behaviors you encounter or the tasks you are asked to do. Sharing your concerns with the case manager can be helpful. Report all youth behaviors to the case manager. If you have difficulty contacting other professionals or are uncomfortable working with them, ask your case manager for assistance.

## Court System

### Judge

- Determines what a child's family must accomplish before the child can return home.
- Can accept or reject any recommendations made by the state CPS workers or caseworkers.
- Has the authority to terminate parental rights if goals are not met.
- Can assign the child tasks or treatment goals that

must be accomplished during placement before reunification or a move to a less-restrictive setting can occur.

- Uses progress notes and input from the caseworker, therapist, guardian ad litum (GAL), foster parents, child's parents, law enforcement agencies, and child when making decisions in court.

As foster parents, you may not have direct contact with the judge except when attending court hearings; as a child care professional you need to be at every court hearing pertaining to your foster child. You may be asked to testify about the child's progress since placement. If this should occur, the child's court-appointed attorney will contact you in advance.

**Tips:** Just as with the other professionals, honest communication is important when dealing with judges. As a professional, you can build relationships with the judge by keeping and being on time for appointments, providing requested documents, answering questions honestly, and appropriately advocating for your foster child.

### Guardian Ad Litem (GAL)

- Appointed by the court to represent, protect, and advocate for a child during court hearings.
- Serves as an officer of the court; usually is a volunteer. (Some states hire attorneys and pay for their services through the public defender's office.)
- Works closely with a child's foster parents and receives most of the information and documentation about the child from them.

**Tips:** Regular communication with the GAL allows you to pass along information about the youth's progress on treatment goals, school performance, and interpersonal relationships. Scheduling regular phone contacts with the GAL can enhance this information-sharing process.

### Court-Appointed Special Advocate (CASA) Volunteer

- Has duties and responsibilities that are similar to those of the GAL.
- Works closely with the child's GAL to ensure that the child's needs are met.
- Attends visits and court hearings and sometimes works with the child's family.
- Makes recommendations about the child's situation and speaks for the child in court.
- Requests information from foster parents regarding the child's progress in placement and the child's relationship with his or her family (if contact has been approved).

**Tips:** As a foster parent, you can help advocate for the youth by sharing information with the CASA volunteer when appropriate. Arranging meetings to discuss the child's situation prior to court hearings may be the easiest way to do this.

## Juvenile Justice System

### Juvenile Court Officer (JCO)

- Supervises the probationary status of juvenile delinquents.
- Schedules all meetings with the youth. (Depending on the placement and level of supervision, the frequency of meetings can range from once every two weeks to once every 90 days.)
- Can request a court hearing for the child if problems arise.
- Can contact foster parents for progress updates if the child is on probation.

**Tips:** As foster parents, you may be asked to report the child's progress to the JCO or to contact him or her if conflicts arise. For example, the child may have community service hours to complete. A collaborative effort between you and the JCO will help ensure that the child fulfills his or her responsibilities within the specified time frame. It

may be helpful to keep a log of the youth's activities to give to the JCO.

## Mental Health System

### Clinical Psychologist

- Hired by the state and/or placing agency to conduct a clinical assessment of the child at the time of admission or placement. (This assessment commonly consists of standard IQ tests and psychological exams aimed at identifying the child's overall level of functioning.)

**Tips:** As a foster parent, you may be asked to speak with a psychologist about the child. Information provided by foster parents can be crucial in helping the psychologist diagnose the child and recommend a course of treatment. Many foster parents schedule time before or after the child's appointment with the psychologist to discuss important issues. It is a good idea to keep a log of your foster child's specific behaviors and take it to these appointments.

### Therapist

- Conducts counseling sessions with the child. (The same therapist often conducts both individual and family therapy sessions.)
- Is usually chosen or assigned by the placement agency. (The caseworker may request or assign a particular therapist if there are special circumstances or barriers to treatment.)
- Provides input for the child's treatment and is considered a member of the treatment team.
- Is often required to provide progress notes to the caseworker and make recommendations to the court regarding placement and permanency planning.

**Tips:** The therapist may contact you to request the same information you provide to the psychologist. The therapist also may ask you to observe the child, look for

certain behaviors, and report what the child says and does in certain situations. As a foster parent, you should feel comfortable about sharing this information, and contact the therapist or leave messages to report unusual or significant behaviors.

### Psychiatrist

- Assists in treatment if the child is taking psychotropic medication as part of his or her treatment.
- Meets with the child regularly to monitor the effects of the medications on the child's body. For example, a psychiatrist may request monthly visits for a blood level serum test to make sure a medication is not damaging vital organs.
- Collects input and observations from foster parents to determine the medication's effect on the child's behavior.
- Conveys findings to the treatment team through progress notes and meetings.

**Tips:** Observing your foster child and communicating information about his or her behaviors to the psychiatrist is very important. Noting changes in the child's behavior is a way to determine whether medications are working and to monitor any possible side effects or allergic reactions. Contact the psychiatrist with any questions and concerns you have regarding the use of medication. You also may need to take the child to the psychiatrist's office for regular check-ups. (These visits may be required with some medications.) Schedule time before or after the child's check-up to discuss medication issues, and keep a log of medication times and effects that can be given to the psychiatrist.

Your success in helping children as a foster parent greatly depends on how well you work with other professionals. When you can develop positive, cooperative relationships with other members of a child's treatment team, the result is a higher quality of care for children.

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# Assessing Child Safety

## 4 in Foster Homes

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# 4 Assessing Child Safety in Foster Homes

Anyone would agree that child abuse is shocking and unacceptable. Yet, research shows that the very children we seek to protect by removing them from their homes are often abused again in foster care.

Two national studies – one by the ACLU Children's Rights Project and one by the National Foster Care Education Project – point to the same conclusion: Children in the foster care system are 10 times more likely to be abused than children in the care of their parents.

As child-care professionals, we are faced with a challenge! How can we balance our day-to-day administrative duties and still find time to ensure that the children in our care are safe?

Is there a way to assess youth safety in a practical and effective manner?

Yes! There is a simple solution to determining youth safety when you have a busy schedule. Spending as little as 30 minutes in a foster home, you can gather enough information to assess youth care and treatment.

This booklet will outline a method of assessing youth safety through four basic concepts: Child, Affect, Relationships, and Environment.

## Child

Spending time alone with the child gives you an opportunity to talk about his or her safety, happiness, and treatment in the foster home. Occasionally, it is helpful to spend time alone with the child away from the foster home.

Below is a list of questions for children ages 5 and older that can help professionals assess various levels of safety and treatment.

Before asking children questions about their safety, it is a good idea to tell them that the information they share with you will be kept confidential, unless they tell you they are not safe. Let the child know that you will need to share information about being unsafe with other people so you can help the child.

- How do you know your foster parents care about you?
- Do you feel safe?
- Tell me three things you like about this foster home. Tell me three things you'd like to change about this foster home.
- Where do you sleep?
- Do you eat the same meals the other family members do?

- Has anyone in your foster home ever hit, kicked, slapped, grabbed, or swore at you?

  (If yes, gather specific information.)
- What usually happens when you get in trouble or do something wrong?
- Has anyone ever forced you to do something illegal or sexual?
- Has anyone ever told you to lie or what to say to me? Has anyone ever told you not to tell me something?
- Is there anything else you'd like to tell me about living here?

The answers a child gives may prompt you to clarify an issue. Here are some additional questions you may want to ask.

- Who did it?
- Who else was there?
- Where did it happen?
- When did it happen?
- Have you ever told anyone before?
- Has it happened before? Has it happened since?

If the child is younger than 5, you may want to ask more age-appropriate questions. Here are a few examples:

- Do you like (insert foster parents' names)?
- Do they hit or yell at you?
- What happens if you do something bad/wrong?

## Affect

Observing the child's demeanor during your discussion will provide you even more information about the child's safety and happiness.

Throughout your conversation, pay attention to the child's verbal and nonverbal behaviors. How a child responds to your questions can give you a clear indication of the care he or she is receiving in the foster home. The most common behaviors

to look for are listed in the table below:

### Behaviors that indicate a child is safe and happy:

- smiling
- lively conversation
- good eye contact
- excited
- relaxed
- playful
- talkative
- humorous
- eager to answer questions
- elaborates and give examples
- takes pride in bedroom and belongings

### Behaviors that indicate there might be cause for concern:

- lack of eye contact
- fidgets
- responds to all questions with "I don't know"
- anxiety
- rigid body language
- poor posture (e.g., slumping)
- refuses to answer questions
- answers appear rehearsed
- doesn't give examples

Remember, your observation of one or two of these items is not an absolute indicator of the degree of the child's safety or happiness. You must use your judgment and keep in mind cultural, individual, and developmental differences. If there are questionable signs, use your professional intuition and explore further.

When assessing affect, one must always keep in mind the possibility that coercion has occurred. Behaviors that raise concerns (see list) may indicate that a foster parent has told the child to lie or keep information secret. If you suspect that a child has been coerced, it is a good idea to tell the child that you are there to help. Then ask the following questions:

- Do you feel safe here?
- Who can you talk to about personal issues?
- What can I do to help you?

If you feel that a child has

been coerced into lying to you about his or her safety, always follow up immediately with your supervisor. This will reduce the likelihood that the child will be or remain at risk.

## Relationships

When you are in the home, take some time to observe the relationship between the foster parents and child.

The relationship can be assessed by observing the verbal and nonverbal interactions.

- Does the child look to the foster parent for approval?
- Do they exchange smiles?
- Does the foster parent compliment the child?
- Does the child talk about recent foster family activities?
- Do the foster parent and child engage in appropriate humor?
- Does the foster parent make sensitive comments about the child?
- Do they show appropriate affection with respect to boundaries (e.g., pats on the back, side hugs, etc.)?
- Are there photos of the foster child in the home?
- Does the child seem comfortable interacting with the other family members?

You also can assess the relationship between the foster parents and child by listening to the foster parents when they discuss the child with you or others.

For example:

- Do the foster parents compliment the child or focus on the negative?
- Do they use empathy if discussing problems or do they blame the child?
- Do they refrain from making derogatory comments about the child or the child's family?

## Environment

Another way to assess youth safety is by looking at the child's foster home environment. When meeting with the child, observing

affect and relationships are great ways to assess the youth's emotional and physical safety. Looking at the foster home itself can give you information about the safety of the home.

When assessing the safety of a home, use the same criteria that would be used in a licensing home study. A quick tour of the home on a frequent basis will tell you if the foster parents are maintaining compliance with safety issues.

Some of the most common things to look for include:

- Is the home well-maintained and free of observable health hazards?
- Are medications, alcohol, household cleaners, or other poisons properly stored so that children can't get to them? (Preferably these items should be in a locked cabinet.)
- Are there too many kids in the home for the foster parents to provide adequate adult supervision?
- Is there a fire escape plan?
- Is there a functional smoke detector(s)?
- Is there a functional fire extinguisher?
- Are guns, weapons, and ammunition stored and locked up so that children can't get to them?
- Is the yard free of excess and dangerous debris?

**Remember:**

- The child is the key to providing you the information you need to make an assessment.
- Trust your instincts if you think a child may have been coerced prior to your interview. Nonverbal signals can be just as important as statements.
- Take time to observe interactions between

the foster child and the foster family.

- Physical features of the foster home should be checked regularly to ensure ongoing compliance.

As a child-care professional, you are the key to ensuring children's safety while they are in care.

Always ask yourself, "Would I want my own child to live here?" Your honest answer will be a valuable asset in determining youth safety.

**The Boys Town National Hotline, 1-800-448-3000**,
is a 24-hour crisis hotline for parents and children struggling with any problem.

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